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Connecticut ENT Society
Connecticut Society of Eye Physicians
Connecticut Urology Society
The Connecticut Dermatology and Dermatologic Surgery Society

Written Testimony Before the Insurance and Real Estate Committee

February 17, 2015

Supporting

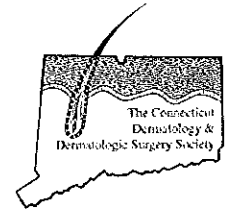
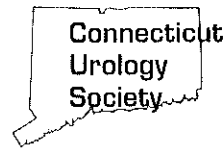
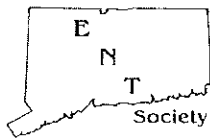
SB 232: AN ACT EXPANDING HEALTH INSURANCE COVERAGE FOR HEARING AIDS.

On behalf of the Connecticut Ear Nose and Throat Society, the Connecticut Eye Society, the Connecticut Urology Society and the Connecticut Dermatology and Dermatologic Surgery Society representing over 1000 physicians in these specialties and the thousands of their patients in the great State of Connecticut we would like to support the intent of this bill but caution the committee on any bill that mandates a new insurance benefit, even if it benefits patients who are near and dear to an otolaryngologist's heart. It falls upon this committee to find the proper balance between the benefit of the mandate and the cost to the health care system while considering the fairness to those individuals struggling with hearing loss.

The otolaryngologist in this state believe a hearing aid benefit would result in a system commitment to significantly and positively impact independence, employment, safety, and healthy living of deaf and hard of hearing individuals throughout Connecticut by requiring healthcare insurance coverage of hearing aids. We look forward to the opportunity to participate in this dialogue.

Although we do not know the population of potential hearing aid users residing in every town in Connecticut, we do know that hearing loss is prevalent in every racial and ethnic community within our state. Some estimate as many as 8% of the population of Connecticut is deaf or hard of hearing. Without an official census, these figures are close to national percentages. The nationwide incidence of hearing loss in American society is discussed by Ear Info, which reports:

- One out of 10 Americans has a hearing loss
- 29% of people over age 65 have hearing loss
- However, the majority (65%) of people with hearing loss are below retirement age
- One out of eight 50-year-old Americans have hearing loss
- 15% of "baby-boomers" have hearing loss
- One out of 12 30-year-old Americans already has hearing loss
- And, of the 10 million Americans aged 45 to 64 who have a hearing loss, 6 out of 7 do not yet benefit from wearing hearing aids



The impact of hearing loss on the health of this population is mentioned by the Journal of the American Medical Association JAMA. 2003 (attached) reporting, "The diminished ability to hear and to communicate is frustrating in and of itself, but the strong association of hearing loss with depression and functional decline adds further to the burden on individuals who are hearing impaired.. And further, at that same time, Ear Info reports that it was estimated that untreated hearing impairments cost the U.S. economy \$56 billion in lost productivity, special education, and medical care - an annual per capita tax of \$216." Untreated hearing loss continues to impact our constituency today, even more so as the population ages.

Healthcare coverage for treatment with hearing aids varies by insurer and Managed Care Organizations (MCO); and ranges from no coverage, to minimal coverage, to attempts at limiting a non-covered benefit, to near full coverage. For the insured person, cost is among the major factors determining whether or not to obtain a hearing aid. The American Speech-Language-Hearing Association, (ASLA) 2008 edition, "Incidence and Prevalence of Hearing Loss and Hearing Aid Use in the United States" notes that "Barriers to hearing aid use are complex and multi-factorial involving, among other things, a lack of system commitment to utilization of hearing aid and hearing aid design, fit issues, and price of aid."

The ASLA also stated that "all customer satisfaction with new hearing instruments is 77%, placing this product in the top third of products and services in the United States." The message here is that a hearing aid can be an effective communication access device for a high percentage of users, but is inaccessible to many because of cost and because of lack of recognition as a treatment option.

Another problem exists in trying to provide a cost benefit to the consumer and providing a reasonable reimbursement for the provider. We have seen the MCO marketing a grossly under-funded benefit that prevents providers from participating in such plans. Insurers say they offer a benefit but do not have an adequate provider network willing to provide such benefit at below cost prices. We have seen the cost of hearing devices rise sharply with recent advancements in technology. The average cost per person for a hearing aid in FY '05 was \$872, in FY '06 was \$1539, in FY '07 \$1658, in FY '08 and in 2014 AARP reported that "you can expect to pay anywhere from about \$2,200 to more than \$7,000 a pair for devices with the latest tech, such as the ability to wirelessly stream sound from your television and link up to your smartphone."

These rising costs are out of reach for many subscribers of healthcare plans which do not adequately recognize hearing aids as a needed treatment option. So what makes sense since hearing aids are so individual and are not conducive to generic price schemes? Alternatives include providing a percentage of cost method, or providing a stated dollar benefit, both of which would contribute to some, but not all, of the cost of a hearing aid. Patients must be clearly notified and informed that this is not a comprehensive benefit, and one which may not cover the entire cost of the device. Patients' expectations and understanding of their monetary contribution to the hearing aid purchase are essential.

In closing, we support any attempts to bring a fair benefit to patients suffering with hearing loss and would offer our services to this committee in reviewing language if or when this bill gets raised as a 2015 Health Initiative.

Respectfully Submitted,

David Boisoneau, M.D. President CT ENT Society